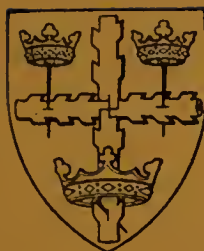




BOROUGH OF



COLCHESTER

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JOHN D. KERSHAW

M.D., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

PORT MEDICAL OFFICER

DIVISIONAL SCHOOL MEDICAL OFFICER

AREA MEDICAL OFFICER

CONSULTANT IN INFECTIOUS DISEASES

MYLAND HOSPITAL, COLCHESTER

1967

BOROUGH OF



COLCHESTER

BOROUGH AND PORT HEALTH COMMITTEE, 1967

THE RIGHT WORSHIPFUL THE MAYOR

COUNCILLOR C. W. PELL (to May)

COUNCILLOR E. P. DUFFIELD (from May)

Chairman:

COUNCILLOR BRIGADIER D. F. PANTON, C.B.E.

Deputy-Chairman:

COUNCILLOR Mrs. A. M. SMITH

Members:

COUNCILLOR J. BURGESS

COUNCILLOR C. W. PELL

COUNCILLOR Mrs. B. E. RAWLINGS

COUNCILLOR A. G. HOWE

COUNCILLOR C. REED

COUNCILLOR C. G. E. SARGEANT

THE HEALTH DEPARTMENT, 1967

PART-TIME STAFF

Medical Officer of Health, etc. :

JOHN D. KERSHAW, M.D., M.R.C.P., D.P.H.

Assistant Medical Officers :

R. E. BARRETT, M.B., B.S., D.T.M. & H., D.P.H. (LOND).

ANN B. CLARK, M.R.C.S., L.R.C.P.

Public Analyst:

D. G. FORBES, B.SC., F.R.I.C.

WHOLE-TIME STAFF

Senior Public Health Inspector :

†* L. H. ENGLAND

Deputy Senior Public Health Inspector :

†* O. R. WARNER

Additional Public Health Inspectors:

†* C. J. JACOBI †* E. R. SWIFT

†* P. CUTTS †* K. F. CUTTING

† Public Health Inspector's Certificate.

* Meat Inspector's Certificate.

Authorised Meat Inspector:

A. BRUCE (from 17-4-67)

Technical Assistant:

A. E. FOSTER, M.R.S.H.

Administrative Assistants:

F. H. SMITH (to 28-2-67)

E. V. BERHARDT (from 15-5-67)

L. G. NICHOLLS

Clerical Assistants:

P. BOLLU

B. V. PLOMPER

Disinfector:

A. E. CUDMORE

Rodent Operators:

R. C. THWAITES

F. J. HEWITT

Telephone No.:
Colchester 79411

HEALTH DEPARTMENT,
EAST LODGE COURT,
HIGH STREET,
COLCHESTER.
23 October, 1968.

Mr. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1967.

Vital Statistics

The birth rate, at 19·0, is slightly higher than in 1966, though the national birth rate has fallen slightly. The death rate at 9·8 is slightly down and again below the national figure. The infant mortality rate is almost exactly the same and is still above the national rate. I commented in my last report on the fact that the majority of infant deaths occur during the first four weeks of life—approximately two-thirds of them, taking the country as a whole. We have, in past years, shown up badly in this respect. A recent survey of the figures from some comparable towns suggest that about 65% of the infant deaths occur in the first four weeks; in 1965 and 1966 the Colchester percentages were 72% and 79% respectively. In 1967 they are down to 58%, a ratio appreciably lower than the national one. As I have often remarked in these reports, the figures for a single year can be misleading but, especially with the coming into action of the new special care unit for new-born infants at the Maternity Hospital, I hope that the fall may be a sign of better things to come.

The figures on the causes of death of civilian residents show nothing that calls for special comment. Deaths from coronary disease, though slightly fewer than last year, are still the largest single group, with other diseases of the heart and circulation running them close. Deaths from lung cancer, though slightly fewer than in the previous year, equal our average for the five years 1963–67.

Infectious Diseases

An outbreak of measles overshadowed everything else during the year, with a total of 1,295 cases. It was, however, a very mild type of the disease and none of the patients developed complications severe enough to require admission to hospital. However, measles can vary in severity from one outbreak to another and it would be unwise to assume that the next outbreak, when it comes, will also be a very mild one. An effective vaccine against this disease is becoming available during 1968 and I hope that the public will make full use of it, especially for children under school age in whom the risk of complications can be quite serious.

There has been no notified case of diphtheria now for sixteen years and it is more than eight years since we had our last case of poliomyelitis. This shows what vaccination can do in the way of keeping infectious disease under control. However, every year there are outbreaks of diphtheria somewhere in the country and cases of poliomyelitis still crop up in places. The special circumstances of Colchester make us vulnerable in that army personnel, students and

others are constantly moving into the town from parts of Britain and from countries overseas where either of these—and certain other—dangerous diseases may be present. If parents become complacent because of the absence of local cases and neglect to have their children immunised or vaccinated there could be a tragic day of reckoning.

The number of new cases of pulmonary tuberculosis has remained fairly steady for the last ten years, ranging between 10 and 14 a year. It is interesting that the number of cases on register has progressively increased since 1961; this shows how modern treatment is improving the patient's chances of survival.

New Clinic and Offices

The new clinic and office block has been in action through most of the year and has already proved its value. The clinic, as intended, is being used to a large extent as a focal point for special services, without supplanting the decentralised provision at Shrub End and Monkwick. Not only are all its suites being used every day but there is substantial evening use by the Family Planning Association, the Mental Health Social Club and other organisations.

There has been a gain in general efficiency by having all the administrative services, as well as the special clinics, under one roof. The building is in practice barely large enough for the work to be done, but this is to a large extent due to circumstances which could not have been foreseen when it was planned. The mental health services have been expanded beyond expectations and delay in the building of clinics outside the town has meant that some staff who were to be based on those clinics must still be accommodated centrally. Nevertheless, the working conditions of the staff are considerably better than they used to be. I have always admired the way in which they worked happily and willingly in what could only be described as "office slum" accommodation and I am glad that their patience has now been fittingly rewarded.

Services for the Elderly

Brambell House continues to be an embarrassing success—embarrassing because the more it does the more it shows up how much more there still is to do. During the year a good deal of attention has been given to planning for the future, but the problems involved are considerable. As I said last year, we need a building with at least twice as much indoor space as the present one. It must not have more than two floors and it must have some outdoor space. It must be easily accessible by public transport and must be near the places where people have to go for other purposes—the post office, the main shops, the public library and so on, but it must not actually be on a busy street. Brambell House meets these last requirements but falls hopelessly short in size and internal convenience.

Obviously a purpose-built Centre would be the ideal thing, but at present there is no site available which would be both big enough and conveniently situated; if one became available in the town centre the price of the land might be prohibitive. The alternative—taking over an existing building and converting it—has also been explored, but

so far only St. Mary's House has seemed a "possible". It would have enough indoor and outdoor space, it is conveniently situated and the cost of purchase would not be very great, but by the time that repairs and modifications had been completed the total cost might well be near to that of a completely new building.

Something manifestly must be done, and done as quickly as possible, and the Health Committee is well aware of the urgency of the matter. I hope that the public will realise that the present delays are due not to lack of interest but to the desire of the Committee and the Council to do the job properly.

Apart from the question of new premises for the day centre, the increase in its activities and the development of the meals on wheels service are putting a great deal of strain on the voluntary helpers who do so much to keep both these services going. I believe that the voluntary element is extremely important and that if it disappeared the services would lose something which though intangible is important in providing the right atmosphere. However, to preserve it we may need, before long, to provide some paid help to take part off the strain off the volunteers.

General

I comment elsewhere on the improved working conditions for the staff of the department which have come into operation during the year. It seems that we can also hope for some increase during 1968 in the clerical staff; while the economic freeze has prevented this from being really sufficient to meet our needs it is likely to bring about some reduction in the stress under which some of our sections have laboured. The physical separation of the staff of the personal health services from the public health inspectors' department has made liaison a little more difficult, but nevertheless good contact and co-operation have been maintained.

It is also pleasant to record again my thanks to Members, to other corporation departments and to individuals and organisations outside the local authority services for their help and support in trying to maintain and improve the health of the people. Much is being said and suggested at the present time about the need to do away with the "fragmentation" of the health and social services. No doubt there could be beneficial alterations in an administrative system which has grown up in a somewhat haphazard way to meet continually new needs and challenges. However, in the long run the effectiveness of services depends on the people who do the job rather than on the administrative framework in which they operate and we are continually finding that goodwill makes apparent barriers disappear.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your Obedient servant,

JOHN D. KERSHAW,

Medical Officer of Health, etc.

Report of the Medical Officer of Health for the year 1967

A Report as directed by Circular 1/68 of the Ministry of Health.

STATISTICAL SUMMARY

Population (R.G. Estimate) with Military (at 30/6/67)	72,600
(Census 1961, 65,080)	
Total dwellings: Occupied 19,825, Vacant 406	20,231 (Census)
Area	12,037 acres
Rateable Value (1/4/67)	£2,882,437
Product of a penny rate	£11,617
Birth Rate (1,268 legitimate births, 99 illegitimate)	
(Corrected)	19.0
(Crude)	18.8
„ „ England and Wales	17.2
Illegitimate Birth Rate per 1,000 live births ..	72.4
England and Wales.. .. .	84.0
Stillbirths (25) Rate per thousand live and stillbirths	18.0
England and Wales	14.8
Infant mortality rate per 1,000 related live births—	
Legitimate (28 deaths), 20.5. Illegitimate (3 deaths), 30.3. Total (31 deaths)	22.7
Infant Mortality Rate, England and Wales ..	18.3
Neonatal Death Rate (18 deaths)	13.2
Neonatal Death Rate, England and Wales ..	12.5
Death Rate per 1,000 of the population (Corrected)	9.8
(Crude)	11.0
„ „ England and Wales	11.2
Percentage of total deaths occurring in Public Institutions	64.7
Women dying in, or in consequence of, childbirth	1
Pulmonary Tuberculosis Death Rate	0.01
Other Tuberculosis Diseases Death Rate	Nil
Cancer Death Rate	2.03

DEATHS OF CIVILIAN RESIDENTS, 1967

<i>Cause of Death.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Respiratory Tuberculosis	—	1	1
Syphilitic Disease	—	1	1
Measles	—	1	1
Cancer, Stomach	9	7	16
„ Lung, Bronchus	24	5	29
„ Breast	—	17	17
„ Uterus	—	4	4
„ Other sites and Lymphatic ..	36	43	79
Leukaemia	2	1	3
Other infective and parasitic diseases ..	1	1	2
Diabetes	4	8	12
Vascular Lesions, Nervous System ..	40	78	118
Coronary Disease, Angina	86	54	140
Hypertension with Heart Disease ..	2	8	10
Other Heart Disease	30	48	78
Other Circulatory Disease	15	15	30
Pneumonia	26	30	56
Bronchitis	22	13	35
Other Respiratory Diseases	7	2	9
Ulcer of Stomach and Duodenum ..	1	3	4
Gastritis, Enteritis and Diarrhoea ..	—	2	2
Nephritis and Nephrosis	4	—	4
Hyperplasia of Prostate	3	—	3
Pregnancy	—	1	1
Congenital Malformations	2	3	5
Other defined diseases	37	50	87
Motor Vehicle Accidents	9	8	17
All other Accidents	11	12	23
Suicide	8	1	9
	380	416	796
Deaths Registered in Borough		1,286	
Residents' deaths Registered outside Borough		103	
		1,389	
Deduct non-residents transferred out		593	
No. allocated to Colchester		796	

1967. DEATHS OF COLCHESTER RESIDENTS OVER 70 YEARS OF AGE

	Aged 70 and under 80	Aged 80 and under 90	Aged 90 and over	Total
Male	104	62	13	179
Female ..	115	126	36	277
Total	219	188	49	456

Seven persons were aged 90, fourteen aged 91, five aged 92, eight aged 93, four aged 94, two aged 95, three aged 96, two aged 97, one aged 98, one aged 100, one aged 101 and one aged 103. The oldest was a female.

1967. DEATHS IN AGE AND SEX GROUP SUMMARY

	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	Total
Male	11	8	2	1	11	5	20	33	67	96	126	380
Female	7	5	1	2	4	7	11	27	46	86	220	416
	18	13	3	3	15	12	31	60	113	182	346	796

LABORATORY, 1967

Two samples of well water were submitted to the Counties Public Health Laboratory for chemical analysis. The results of both were regarded as showing a satisfactory organic quality.

In addition nine samples of water were taken from the Swimming Bath, Colne Bank Avenue. One of the early samples suggested that the chlorination of the bath water required some adjustment. The matter was discussed with the Superintendent and adjustments were made, followed by further checks on the purity of the water and the amount of residual chlorine which it contained. After the completion of these I was satisfied that the bacterial purity of the water was beyond reproach and that the chlorination was sufficient to maintain the standard without causing any inconvenience to bathers.

Bacteriological examinations of drinking water by the Public Health Laboratory Service (Ipswich) numbered 16 (2 were unsatisfactory).

NURSING HOMES

There is one Home registered in the Borough.
General and surgical beds available are 12.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable Diseases (other than Tuberculosis) during the
Year 1967

(Civilian and Military Cases)

Disease	Total Cases Notified	Total Cases in Age Groups												Cases admitted to Hospital	Age not known
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and Over		
Measles	1295	55	172	172	215	178	454	16	1	6	—	2	1	—	23
Malaria	2	—	—	—	—	—	—	—	—	2	—	—	—	2	—
Pneumonia ..	3	—	—	—	—	—	—	—	1	—	—	2	—	1	—
Dysentery ..	70	2	5	4	4	5	27	9	1	8	1	—	—	9	4
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Erysipelas ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ..	22	—	1	—	2	4	13	—	1	1	—	—	—	—	—
Infectious Hepatitis ..	62	—	—	—	2	6	20	12	5	13	1	1	1	—	1
Whooping Cough	64	4	6	8	12	10	22	1	—	1	—	—	—	—	—
Meningitis	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Oph. Neon.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	3	—	—	—	—	—	—	—	—	1	—	2	—	—	—
Totals ..	1523	61	185	184	235	203	536	38	9	33	2	7	2	14	28

Deaths from notified diseases: Nil.

Deaths from unnotified diseases: Pneumonia 12, Measles 1.

Total deaths from infectious diseases: 13.

Measles: Pre-school children	792
Schoolchildren	470
Adults	10
Age not known	23
	1295

Cases (included above) relating to Servicemen and their families in Military Married Quarters or in civilian lodgings—322.

During the year 57 patients were admitted to the Infectious Diseases Unit at Myland Hospital as actual or suspected cases of infectious disease. The final diagnoses were as follows:

Scarlet Fever	1	Scrotum Abscess	1
Dysentery	4	Mouth Infection	1
Gastro-enteritis	2	Virus Meningitis	4
Chickenpox	6	Infective Hepatitis	1
Measles	8	Herpes Ophthalmicus	2
Diarrhoea and Vomiting	7	T.B. (Pulmonary)	6
Whooping Cough	6	Mumps and Encephalitis	1
Scabies	2	Pyrexia	1
Bronchitis and Impetigo	1	Rubella	2
Streptococcal Infection	1		

Tuberculosis

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
2-4	—	—	—	—	—	—	—	—
5-9	—	—	—	—	—	—	—	—
10-14.. ..	—	—	—	—	—	—	—	—
15-19.. ..	2	—	1	—	—	—	—	—
20-24.. ..	2	2	—	—	—	—	—	—
25-34.. ..	1	—	—	—	—	—	—	—
35-44.. ..	—	—	—	—	—	1	—	—
45-54.. ..	—	—	—	—	—	—	—	—
55-64.. ..	—	—	—	—	—	—	—	—
65 and upwards	1	—	—	—	—	—	—	—
Totals	6	2	1	—	—	1	—	—

Tuberculosis Register

	1964	1965	1966	1967
Pulmonary Cases	343	352	359	279
Other Forms of Tuberculosis ..	24	28	28	11

Prevention and Treatment of Tuberculosis.
Section 172, Public Health Act, 1936.

No action necessary.

National Assistance Act, 1948.

Section 47.

No action was required.

CREMATATIONS, 1967

<i>Died in Month</i>	<i>Total</i>	<i>Resi- dents</i>	<i>Non- Resi- dents</i>	<i>Form F Signed by</i>			
				<i>Dr. Kershaw</i>	<i>Dr. Alderton</i>	<i>Dr. Barrett</i>	<i>Dr. Clark</i>
January ..	146	34	112	62	—	49	35
February ..	127	28	99	66	—	43	18
March ..	145	28	117	101	—	36	8
April ..	128	25	103	56	—	47	25
May ..	145	37	108	110	—	35	—
June ..	129	28	101	66	—	63	—
July ..	135	30	105	37	15	15	68
August ..	112	21	91	100	—	12	—
September	136	35	101	81	—	31	24
October ..	113	21	92	73	—	28	12
November..	155	31	124	102	—	25	28
December ..	176	48	128	121	—	55	—
Totals ..	1,647	366	1,281	975	15	439	218

Essex 1,215, Suffolk 44, London 13, Other Areas 9—Total 1,281 non-resident

Coroner's Cases:	January - 16	April- 19	July - 25	October - 12
Total — 228	February- 14	May - 16	August - 12	November- 22
	March - 26	June - 18	September- 14	December - 34

Essex County Council Act, 1933.

Nine establishments are registered under the above Act for massage or special treatment.

PET ANIMALS ACT, 1951

Four sets of premises were registered during the year.

HOUSING APPLICATIONS, 1967

Number of accepted applications for re-housing supported by medical certificates	304
Number of such cases re-housed during year	198

MEDICAL EXAMINATION OF STAFF, 1967

Medical Examinations not considered necessary	..	..	166
Primary Examinations	..	..	66
Examinations after absences	..	..	4

SANITARY CIRCUMSTANCES OF THE AREA

Water

Piped water is supplied by Colchester and District Water Board (whose area also includes Lexden and Winstree Rural District and West Mersea Urban District) from six sources. Monthly bacteriological samples were taken from five of the sources, the remaining one being sampled twice monthly. All reports indicated a pure and wholesome supply which in quantity exceeded the consumption so that no restrictions of any kind were necessary. During the year 156 samples were taken at source and 153 from reservoirs and towers. Two hundred and eighty-three samples were taken at consumer's supply. Of this total of 592 only 34 were regarded as unsatisfactory and repeat samples proved to be satisfactory. Of the unsatisfactory samples none were from consumers' taps within the Borough of Colchester, neither from sources or reservoirs and towers, which supply the distribution network serving the Borough.

Chemical results varied between sources and the extremes of variation were:

Chloride	..	..	..	76	-310 mg./l.
Hardness	..	..	..	135	-320 mg./l.
Alkalinity	..	..	..	35	-290 mg./l.
Fluoride	..	..	..	0.1-	2.8 mg./l.
Metals (iron only)	..	..	..	0.0-	0.22 mg./l.

The water from one source was dosed with Calgon to control deposition of ferric-hydroxide and another with a liability to plumbo solvent action was treated by aeration. Water from all except one source was chlorinated to 0.3 mg./l.; the rest was super-chlorinated to 2.5 mg./l. approximately and de-chlorinated with sulphur dioxide.

During the year 4.02 miles of distribution mains were laid in the Borough and 530 houses connected to the system but there are still 45 dwellings (involving approximately 135 people) not connected to the mains.

In August a programme of work was commenced to thoroughly clean out the internal incrustation from the older mains in the Borough using rotary boring equipment and swabbing. A total of 8,870 yards have been cleaned by boring and 13,160 yards by swabbing. This work progressed steadily and will continue until every main laid prior to 1925 has been cleaned.

Main Drainage and Sewage Treatment

The extensions to the main drainage system of the Eastern Area of the Borough and to the Wivenhoe U.D.C. were completed in 1965. Investigations have been carried out in other areas of overloading within the Borough but no relief schemes will be carried out until the effects on the main drainage systems of the redevelopment of the Haven Sewage Treatment Works are known.

The first three contracts in the redevelopment of the Haven Sewage Treatment Works were completed between 1965 and 1967 at an approximate cost of £¼ million.

Construction on a major contract for the redevelopment of the Haven Sewage Treatment Works commenced in April, 1967. The estimated cost of this contract is £1¼ million and includes the provision of a large sewage pump-house, a power house and various sewage treatment units. These works are programmed to be completed in April, 1970.

The Minister of Housing and Local Government has given loan sanction approval for a further major contract for the provision of sludge treatment and disposal plant at the Haven Sewage Treatment Works. The estimated cost of this contract is £780,000 and it is anticipated that construction will commence in April, 1968. The works are again programmed to be completed in 1970.

SANITARY INSPECTION

General Summary of Work carried out by Public Health Inspector's Department under Public Health Acts, Housing Acts, By-laws, etc.

Defects found	1,862
Defects remedied	2,513
Factories and Workshops inspected	291

Housing.

Sinks, Waste Pipes, etc., provided or renewed ..	3
Floors or walls or ceilings repaired	62
Doors or windows provided or repaired	110
Ovens or firegrates repaired or renewed	3
Stairs repaired	6
Rooms cleansed	43
Roofs repaired (including rain-pipes and gutters) ..	82
Chimneys repaired or renewed	10
Damp houses remedied	29
Yards paved or repaired	2
Other housing repairs	11

Drainage.

Repairs and improvements	199
Water Closets provided or repaired	38
Cesspools repaired	1

Other Sanitary Work.

Under Offices, Shops and R.P. Act	1,233
Under Factories Act	38
Under Food and Drugs Act	152
Houses disinfected	1
Clothing and other articles disinfected	467
Mains supply provided to existing houses	—
Well water sampled	6
Dustbins provided	7
Re-visits in connection with Sanitary Notices	2,849
Offensive accumulations removed	8
Pig keeping nuisances abated	2
Matters referred to other Departments	173
Other nuisances or matters attended to	16

FACTORIES ACTS

Prescribed particulars on the administration of the Factories Act, 1961.

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	25	10	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	309	272	13	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	25	9	—	—
Total ..	359	291	14	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	4	3	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	3	4	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	5	5	—	1	—
(b) unsuitable or defective ..	9	14	—	—	—
(c) not separate for sexes ..	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total ..	23	28	—	1	—

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome places	Notices served	Prosecutions
Wearing { Making, etc.	47	—	—	—	—	—
apparel { Cleaning and washing . .	—	—	—	—	—	—
Household linen	1	—	—	—	—	—
Lace, lace curtains and nets . .	—	—	—	—	—	—
Curtains and furniture hangings . .	2	—	—	—	—	—
Furniture and upholstery	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains . .	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—
Tents	—	—	—	—	—	—
Sacks	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	—	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons	—	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc. . . .	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
Total	50	—	—	—	—	—

OFFENSIVE TRADES AND KNACKER'S YARD

	Number.	Inspections.
Gut Scraper	1	12
Tallow Melter	1	4
Rag, Bone and Skin Dealer	5	7
Bone Boiler	1	4
Total	8	27
Knacker	1	7

These occupations have been carried out satisfactorily and no complaints have been received.

RIDING ESTABLISHMENTS ACT, 1964

Two premises were licensed during the year after receiving reports from a Veterinary Surgeon engaged by the Council. In one case the licence was conditional upon certain improvements being carried out and it now seems likely that this establishment will cease to operate when the current licence expires.

ERADICATION OF BED BUGS

Dwelling Houses Infested—Council 1, Others 4	5
Dwelling Houses Disinfested—Council 1, Others 4	5
Rooms in these—Infested and Disinfested	16

In addition, one dwelling house was treated for the eradication of fleas.

Disinfestation of dwelling houses is carried out free of charge.

RATS AND MICE

	Non-Agricultural	Agricultural
Number of properties (including nearby premises) inspected following notification	1220	1
Number infested by (i) rats	729	1
(ii) mice	100	—
Number of properties inspected for rats or mice for reasons other than notification	1,877	13
Number infested by (i) rats	94	1
(ii) mice	1	—
Total number of inspections by Rodent Operators	3,433	

The public sewers were treated twice during the year. In the first treatment 212 manholes were pre-baited resulting in poison bait being laid in 36. In the second treatment 216 manholes were pre-baited and 35 subsequently poison baited.

WASPS' NESTS

Six hundred and eighty-eight nests were destroyed during the year.

HOUSING

Statistics for the Year 1967.

New Houses completed—355

New Flats completed—162

Additional units of accommodation provided by conversions	23
---	----

I.—*Inspection.*

Number of dwelling houses inspected	1,031
---	-------

Number of dwelling houses found to be unfit for human habitation	4
--	---

Number of dwelling houses found not to be in all respects reasonably fit for human habitation	314
---	-----

II.—Number of defective houses rendered fit by Informal Action	324
--	-----

III.—*Action under Statutory Powers.*

A. Under Sects. 9 and 10, Housing Act, 1957—

Number of dwelling houses in respect of which notices were served for repairs	—
---	---

Number rendered fit—

(a) By owners	—
-----------------------	---

(b) By Local Authority in default	—
---	---

B. Under Public Health Acts—

Number of dwelling houses in respect of which notices were served for repairs	15
---	----

Number complied with—

(a) By owners	15
-----------------------	----

(b) By Local Authority in default	—
---	---

C. Proceedings under Sections 16 and 17 of the Housing Act, 1957—

(1) Number of Closing Orders made including undertakings not to re-let given by owners	2
--	---

(2) Number of dwelling houses in respect of which Demolition Orders were made	—
---	---

(3) Number of dwelling houses demolished in pursuance of Demolition Orders	4
--	---

D. Proceedings under Section 18 of the Housing Act, 1957

Houses on which Closing Orders were in force and subsequently made fit by owners	1
--	---

Houses on which Closing Orders were in force and subsequently demolished by the owners	2
--	---

COMMON LODGING HOUSES

There are no Common Lodging Houses in the Borough.

RENT ACT, 1957

Part I—Applications for Certificates of Disrepair.

Number of applications for certificates	Nil
Number of decisions not to issue certificates	Nil
Number of decisions to issue certificates	Nil
(a) in respect of some but not all defects	Nil
(b) in respect of all defects	Nil
Number of undertakings given by landlords under paragraph 5 of the First Schedule	Nil
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
Number of Certificates issued	Nil

Part II—Applications for Cancellation of Certificates.

Application by landlords to Local Authority for cancellation of certificates	Nil
Objections by tenants to cancellation of certificates ..	Nil
Decisions by Local Authority to cancel in spite of tenants' objection	Nil
Certificates cancelled by Local Authority	Nil

HOUSES IN MULTIPLE OCCUPATION

Inspections and re-inspections	407
Informal notices served	10

The improvements obtained are recorded in the following table:

Hot water supply provided	14
Sinks and wash-hand basins provided	4
Draining boards provided	3
Ventilated food stores provided	22
Cookers provided or repaired	7
Heating provided	2
Refrigerators provided	12
Means of escape in case of fire	8
Electric points or light fittings provided	10
New bathrooms or baths provided	1
New windows provided	2
Walls repaired or decorated	45
Ceilings repaired or decorated	24
Floors repaired	7
Roofs repaired	4
Repairs to water closets	17
Miscellaneous repairs or improvements	80

NOISE ABATEMENT ACT, 1960

Thirteen complaints were received during the year. The nature of the complaints was again varied and included noise from budgerigars, refrigerators and road drills. All were investigated and improvements secured where possible.

INSPECTION AND SUPERVISION OF FOOD FOOD HYGIENE (GENERAL) REGULATIONS, 1960 THE FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS 1966

The number of inspections of food premises, delivery vehicles and stalls and the improvements recorded are shown in the following table:

	<i>Premises</i>					<i>Inspections</i>
Slaughterhouses	862
Bakehouses	61
Dairies and Milk Shops	139
Provision Shops	325
Fish Shops—Wet	39
Fish Shops—Fried	40
Butcher's Shops	196
Hotels and Restaurants	222
Canteens and Hospital Kitchens	63
Delivery Vehicles and Stalls	67

Repairs or improvements carried out :

Constant hot water supply provided .. .. .	..	..	..	..	..	9
Handbasins or sinks provided .. .. .	..	..	..	..	..	3
Walls—Repaired, decorated or cleansed .. .. .	..	..	..	..	..	14
Ceilings—Repaired, decorated or cleansed .. .. .	..	..	..	..	..	13
Floors—New, repaired, decorated or cleansed .. .. .	..	..	..	..	..	4
Water closets—New, repaired or cleansed .. .. .	..	..	..	..	..	21
Water closets—" Wash your hands " notices .. .. .	..	..	..	..	..	12
Refuse receptacles provided .. .. .	..	..	..	..	..	18
Nailbrushes .. .. .	..	..	..	..	..	9
First-Aid equipment provided .. .. .	..	..	..	..	..	8
Miscellaneous .. .. .	..	..	..	..	..	41

SLAUGHTERHOUSES

Number of slaughterhouses 3

Carcases and Offal Inspected and Condemned in whole or in part:

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) 	6,520	528	221	5,471	6,514	—
Number inspected ..	6,520	528	221	5,471	6,514	—
All diseases except Tuberculosis and Cysticercosis :						
Whole carcasses condemned ..	—	—	—	9	1	—
Carcases of which some part or organ was condemned ..	1,544	124	2	226	503	—
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticercosis	23.68	23.48	.90	4.29	7.73	—
Tuberculosis only :						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ..	1	—	—	—	69	—
Percentage of the number inspected affected with tuberculosis ..	.01	—	—	—	1.05	—
Cysticercosis :						
Carcases of which some part or organ was condemned ..	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Parts of Carcases or Organs Condemned

	Beasts including Cows	Calves	Sheep	Pigs	Total
	lb.	lb.	lb.	lb.	lb.
Parts of Carcases	498	40	262	1,697	2,497
Organs	19,896	10	430	1,304	21,640

In addition to the above, 746 lb. of Imported Beef, 95 lb. Imported Mutton, 33 lb. Imported Sheep Carcase and 10 lb. Imported Sheep Offal were condemned.

The total weight of meat condemned as unfit for human consumption was:

11 tons 9 cwt. 3 qrs. 14 lb.

Unsound meat was collected by a local firm engaged in the manufacture of commercial grease.

POULTRY INSPECTION

Number of poultry processing premises within the district	1
Number of visits to these premises	63
Total number of birds processed during the year ..	26,900
Types of birds processed, e.g. turkeys, ducks, hens, broilers, capons, etc.	Broilers and capons
Percentage of birds rejected as unfit for human consumption	0.93%
Weight of poultry condemned as unfit for human consumption	1,250 lb.

Killing takes place on one or two days a week and after slaughter the birds are de-feathered and chilled before despatch to market. No other dressing takes place on the premises.

Other Food Inspection

<i>Type of Food</i>	<i>Weight in lb.</i>
Butter	82
Sugar	20
Cheese	17
Bacon	2
Ham	50
Sausages	26
Frozen Meats	2,468
Luncheon Meat	2
Rice	32
Currants	45
Confectionery	9
Potato Starch	224
Fish	521
	3,498

The total weight of meat and other foods listed above unfit for human food and condemned was:

13 tons 1 cwts. 0 qrs. 12 lb.

In addition the following foods were condemned:

Tinned Milk	..	..	..	..	..	..	..	1,826 Tins
Other Tinned Goods	..	..	..	..	..	..	..	15,627 Tins
Packeted Foods	..	..	..	..	..	..	..	6,549 Pkts.
Bottled Goods	..	..	..	..	..	..	..	465 Bots.
Pies	..	..	..	..	..	..	..	22
Chickens	..	..	..	..	..	..	..	67

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

There are 2 dairies and 75 distributors on the register, and during the year 139 inspections of premises were made.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963 — LICENCES

To Pasteurise Milk	..	..	..	..	2
„ sell Pasteurised Milk	..	..	..	..	62
„ „ Sterilised Milk	..	..	..	..	44
„ „ Ultra-Heat-Treated Milk	..	..	..	..	25

One hundred and fifty-nine samples were taken and submitted to the Public Health Laboratory at Ipswich for examination. Four of the pasteurised samples failed the phosphatase test and six failed the methylene blue test.

No untreated milk is sold in the Borough.

LIQUID EGG

Eight samples of pasteurised liquid egg were taken from a local pasteurising establishment. All were found to have been satisfactorily heat treated. The premises are well appointed and when in production operations are well conducted. No egg breaking, however, has taken place at these premises since March and there is no indication at present of a renewal of operations.

FOOD AND DRUGS ACT, 1955

Samples	No. of samples	Samples below standard	Nature of Deficiency
Milk	73	26	See observations.
Milk Powder	2		
Fresh cream	3		
Butter	5		
Margarine	2		
Cheese	4	1	See observations.
Lard	2		
Cooking oil	1		
Vegetable oil	1		
Candied peel	1	1	See observations.
Dried fruit	4		
Currants	2		
Sultanas	2		
Glace cherries	1		
Victoria plums, canned	1		
Tea	1		
Mincemeat	2		
Marzipan	2		
Ground almonds	2		
Flour	1		
Sugar crystals	1		
Bread	1		
Jelly	2		
Jam	1		
Marmalade	1		
Lemon curd	1		
Soup	2		
Baked beans	1		
Salad cream	2		
Sauce	2		
Mustard	1		
Mayonnaise	1		
Tomato ketchup	1		
Lemon squash	1		
Shandy	1		
Ice cream	11		
Chicken	1		
Minced chicken in jelly	2		
Scotch beef	1		
Pork chops	1		
Olive oil	1		
Curry powder	1		
Cheese spread	1		
Salmon spread with butter	1		
Herrings, canned	1		
Butter sponge cake	1		
Cream doughnut	1		
Buttered brazils	1		
Salted peanuts	1		
	156	4	

OBSERVATIONS

- Sample 25:** Pasteurised Milk Homogenised. This was an opened one-third pint bottle from a school and contained about two fluid ounces of milk. A pinkish-red deposit in the milk was found to consist mainly of blood corpuscles, but it was not possible to determine their origin.
- Samples 75, 96, 97, 99 100:** Samples of Pasteurised Milk found to be below 8·5% Solids-not-fat. The samples were not sufficiently fresh for the freezing point to be obtained and follow-up samples were satisfactory.
- Sample 89:** Cheese. An informal sample of Processed Cheddar Cheese was found to contain 51·9% of water, i.e. 8·9% in excess of the statutory amount. A follow-up formal sample was satisfactory.
- Sample 120:** Candied Peel. Contained lemon, orange and citron peel. Not labelled in order of amounts of the different peels present. Taken up with manufacturers.

ACTION TAKEN IN CONNECTION WITH FOOD COMPLAINTS NOT LISTED IN FOOD AND DRUGS ACT TABLE:

Nature of contravention	Action taken
Mouldy steak and kidney pie ..	Letter of caution sent by Town Clerk to retailers.
Cement in milk bottle	Letter of caution sent by Town Clerk to firm concerned.
Snail shell in milk bottle	Letter of caution sent by Town Clerk to firm concerned.
Mould on gingerbread	Prosecution—fined £10.
Unsound sausages.. ..	Letter of caution sent by Town Clerk to retailers.
Wire in cake	Prosecution—fined £15.
Mouldy apple pie	Letter of caution sent by Town Clerk to retailers.
Mouldy meat pie	Prosecution—fined £20.
Maggot in bacon	Letter of caution sent by Town Clerk to retailers.
Glass in jar of marmalade ..	Letter of caution sent by Town Clerk to retailers.

Ice Cream (Heat Treatment, etc.) Regulations

Visits to premises where ice cream is manufactured or sold	136
Samples taken	41
Results of samples—Grade I	24
Grade II	13
Grade III	4
Grade IV	—

There are no ice cream manufacturers in the Borough.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The following is a table showing the contraventions noted and the number of registered premises in which they were found.

<i>Contraventions</i>	<i>Premises</i>
Absence of wash-hand basins	9
Wash-hand basins insufficient in number	5
Defective wash-hand basins	52
Absence of hot water over existing wash-hand basins	5
Absence of drinking vessels	1
Absence of soap	3
Absence of towels	2
Washing accommodation not labelled	8
Washing facilities not satisfactorily lighted	11
Washing accommodation needing cleansing	2
Absence of water closets	3
Water closets insufficient in number	4
Water closets defective or needing cleansing	40
Water closets not satisfactorily ventilated	25
Water closets not satisfactorily lighted	28
Water closets not labelled	24
Means of disposal of sanitary dressings not provided	2
Absence of first-aid kits	82
Absence of thermometers	64
Absence of abstract of Act	91
Ventilation unsatisfactory	23
Lighting unsatisfactory	29
Heating unsatisfactory	8
Overcrowding	4
Absence of clothing accommodation	2
Absence of facilities for drying outside clothing	5
Absence of suitable facilities for taking meals	1
Guards to food slicers unsatisfactory	10
Absence of guards to machinery (other than food slicers)	17
Absence of seating facilities	6
Absence of footrests	1
Ceilings needing to be repaired or cleansed	25
Walls needing to be repaired or cleansed	28
Floors defective	16
Floor coverings defective	17
Openings in floors unprotected	14
Floors needing cleansing	7
Obstructions on floors, passages and stairs	8
Staircases defective	16
Absence of guards to staircases	29
Absence of handrails	45
Insecure handrails	2
Defective doors and door furniture	9
Defective steps	4
Miscellaneous minor defects	6

ACCIDENTS

Twenty-eight accidents were notified to the Department during the year and all were investigated.

A number were due to slipping on floors or staircases, others to overreaching, shifting bulky objects, dropping of articles being carried and in one case, collision with another employee. Whenever possible advice was given as to action which might be taken in order to lessen the risk of similar accidents occurring again. In no case was formal action considered appropriate.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The undermentioned Tables contain the prescribed particulars for 1967 which were forwarded to the Minister of Labour under Section 60 of the Act.

Table A — REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	No. of premises newly registered during the year	Total No. of registered premises at end of year	No. of registered premises receiving one or more general inspections during the yr.
Offices	42	260	48
Retail shops	50	386	92
Wholesale shops, warehouses ..	5	35	11
Catering establishments open to the public, canteens	4	49	11
Fuel storage depots	—	3	1
Totals	101	733	163

Table B
NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

Number of visits 1,165

Table C
ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of Work Place	Number of persons employed
Offices	2,220
Retail shops	2,748
Wholesale departments, warehouses	464
Catering establishments open to the public	438
Canteens	29
Fuel storage depots	14
Total	5,913
Total Males	2,596
Total Females	3,317

Table D—EXEMPTIONS
Number of Exemptions granted or reported during the year Nil

Table E—PROSECUTIONS
Number of Prosecutions during the year Nil

DELEGATED HEALTH AND WELFARE SERVICES
BOROUGH OF COLCHESTER, 1967

STAFF

1. Medical Officer of Health:
Dr. J. D. KERSHAW (Part-Time)
2. Medical Officers:
Dr. R. E. BARRETT (Part-Time)
Dr. A. B. CLARK (Part-Time)
Dr. M. J. BOWN (Whole-Time)
3. Area Dental Officer
Mr. E. T. CLARK (Whole-Time)
4. Dental Officers
Mr. S. G. WATSON (Part-Time)
Mr. F. H. BEAUCHAMP (Whole-Time)
5. Chief Administrative Assistant:
Mr. H. T. PERCIVAL (Part-Time)
6. Superintendent Health Visitor:
Miss H. M. HALL (Part-Time)
7. Non-Medical Supervisor of Midwives and Superintendent
of Home Nurses:
Miss I. E. NICE (Part-Time)
8. Senior Mental Welfare Officer:
Mr. I. T. HAZELL (Whole-Time)
Mental Welfare Officer:
Mr. G. T. ARMSON (Whole-Time)
9. Visitor for the Blind:
Mr. J. D. STOPFORD (Whole-Time)
10. Visitor for the Physically Handicapped
Mr. W. G. HUNTER (Whole-Time)
11. Matrons—Day Nurseries:
Miss E. M. CHAPMAN (Sheepen Rd. Day Nursery)
Mrs. G. R. HARMAN (Brook St. Day Nursery)

12. Domestic Help Organisers:
Miss K. P. O'CALLAGHAN (Whole-Time)
Mrs. P. D. FARMER (Part-Time)
13. Chiropodists:
Mr. R. M. HALLAWELL (Whole-Time)
Mr. J. A. WILLENS (Whole-Time)
14. Health Visiting and Clinic Nursing Staff:
10 Health Visitors (Part-Time)
6 Clinic Nurses (Part-Time)
1 Clinic Nurse (Whole-Time)
15. Midwifery and Home Nursing Staff:
1 District Midwife
9 Female Home Nurses
4 District Nurse Midwives
4 Male Home Nurses
1 Male Senior District Nurse
1 Female Home Nurse
1 District Nurse Midwife

} (Whole-Time)
}
} (Part-Time)

Child Welfare

One subject which is causing considerable discussion is that of the future of local authority child welfare work. The year 1967 saw the publication of two important documents, the reports of the "Sheldon Committee", on the future of child welfare clinics in Britain, and the World Health Organisation (European Region) Study Group on the early treatment of handicapped children. Both these confirm a trend which has been evident for some years in our local services and which is clearly setting the pattern for the future.

The great majority of young children are pretty healthy. The old risks from widespread poverty are considerably reduced. The infections which brought death in infancy and early childhood are disappearing, thanks to immunisation, and when they do occur they are much more amenable to treatment. We have a free general medical service. Last, but by no means least, the parents of today are somewhat more knowledgeable about child care than were the parents of thirty years ago.

Fewer children are still-born or die in the early weeks or months of life. However, the techniques which save their lives do not always save them from being injured before, during, or after birth, and the result is that the number of children handicapped from birth is rising. For years to come we shall, as a result, have to give special attention to detecting their handicaps as early as possible and providing special care and help which, even though it may come too late to cure the defects, may enable these children to live a fairly full and satisfying life even with a handicap.

Because of these things, child welfare work is becoming divided into three parts:

1. *The general oversight of well babies.* The routine weekly weighing and monthly examination by a clinic doctor is becoming a thing of the past. In the first year of life a healthy infant is not likely to need much more than a monthly check by a health visitor and periodic checks if necessary by the doctor. These checks are not perfunctory; the doctor who does them needs to have both interest and experience in work with children. But more and more family doctors are coming to have such interest and experience and the tendency toward grouping of practices is making it easier for this work to be "channelled" toward them. It seems indeed very likely that within a few years the traditional type of local authority child welfare clinic will have almost disappeared, its work taken over by the family doctor, working closely with the health visitor.

2. *The watch for handicapped children.* Some congenital handicaps are obvious, but others are quite difficult to detect and, particularly with the latter, to leave them untreated until the child is four or five years old is to miss opportunities that will not occur again. Probably about 2 or 3% of children have handicaps which can be helped by care or treatment.

About 20% of all babies have been exposed to some risk, before, during or after birth, which might possibly have produced a handicapping defect. If, therefore, we can keep a constant and careful watch on the 20% we shall go a long way toward picking out the great majority of the handicapped ones at an early age. To this we must add the use of special "screening tests" which can be carried out on nearly all babies by the health visitor and the doctor who is dealing with the routine well-baby care. We shall need a new and intensive system of regular and detailed examination and supervision of the "at risk" children and of those who are picked out by the screening tests as possibly handicapped and for this we shall need a smaller number of doctors with special training and experience—the "child health doctors" as a recent World Health Organisation report called them—working in something which is a combination of a special clinic and an assessment centre. This, in fact, will be the local authority clinic work of the future, probably closely linked with the hospital service.

3. *Health education.* All doctors, in their dealing with patients, have opportunities to do health education, but by no means all of them have the time to do it. Some of it must be done individually, but much of it can be done better with groups. The health visitor, in her visits to the home, does individual health education but she is also trained in group work. This needs space and facilities and these can be made available easily in suitable clinic premises. It is already being done in child welfare sessions but more and more use is being made of such activities as parents' clubs, which bring in fathers as well as mothers and hold their meetings at times when fathers can come along.

Health Centres or Clinics

It seems as if the Minister of Health may soon be giving attention to the provision of health centres on the lines envisaged in the original plans for the N.H.S. and it is therefore worth while to consider what this might possibly mean in relation to our plans for health services clinics.

The work of the clinics has changed in the years since the N.H.S. was introduced and will continue to change in the next few years. The "traditional" clinics of pre-N.H.S. days—antenatal, child welfare and school "minor ailment" clinics are becoming substantially different.

Antenatal. These are not now clinics where expectant mothers come for routine examinations by a doctor; all such examinations are done either at the maternity hospital or by general practitioners. However, the district midwives still have to carry out antenatal examinations and it is convenient for them to see mothers by appointment in clinics rather than in their own homes. Fairly new, and very popular is the idea of preparing mothers for childbirth by antenatal education, with relaxation exercises and other measures. In addition, we find by experience that the expectant mother wel-

comes education not only in taking care of herself but in the care of the infant who is to come. The antenatal clinic, therefore, is still going strong as a place where there is teamwork between midwives and health visitors as much in the educational as in the clinical field.

Child Welfare. What I have said in another part of this report on changes in the child welfare services indicates how the clinic services are developing. From the point of view of accommodation I see this as requiring much the same amount of space for the same amount of time as the present services, since though fewer children will be attending they will be examined in considerably more detail. We may, indeed, have to think of providing space for special tests and "group observation" in addition to waiting rooms and examination rooms.

School Clinics. We have already moved away from routine school medical inspections, except for five-year-olds at school entry and are now using a selective system for picking out for more detailed supervision children who are in need of this. There are still school children who suffer from "minor ailments" and come to clinics for treatment, but their numbers are fewer and the general trend is for the school clinic to continue primarily as a place where children who have been picked out by the selective system come by appointment for fuller investigation.

"Ascertainment" Examinations. These are the special examinations, carried out by school doctors with special training and experience, on children who are suspected to be in need of special education because of some kind of mental or physical handicap. Accommodation and facilities must be provided for these in clinics.

Special Clinic Sessions. The speech therapy service is well developed and the need for it remains considerable. The audiology service, which has now been in operation for two years is meeting an important need and is likely to be expanded in the very near future when more staff are available. In this work I foresee a need not only for consulting and examining sessions by doctors, but sessions also for audiometry and for auditory training of partially hearing children. In addition to these services, there are also indications that before long we are likely to need special clinic sessions for other types of handicapped children of school age.

Dental Clinics. The school dental service is as necessary as it ever was. The general dental service of the country is overloaded and could be in even more serious difficulties if school children in need of dental care were not "siphoned off" to local authority clinics. Our staff are barely able to cope with the load and I would be happier if we had more dentists to enable us to do conservative dental work early and to expand the orthodontic side of the work. A small number of expectant mothers and pre-school children also attend the dental clinics; it would probably be all to the good if more conservative work could be done among the pre-school children.

Family Planning. Under the new Family Planning Act it is clear that this service will soon be considerably expanded as part of the work of the local health authority. It is hard to estimate the need in advance, but I would guess that during next year the Borough will have to have at least five sessions a week, divided between the central clinic and those at Shrub End and Monkwick.

Chiropody. There is no need for me to stress the value of the chiropody service. This is going to be a permanent part of the services and, when staff are available, it needs to be expanded to make some provision for the middle-aged and, also, for school children.

Play Therapy. A recent development, which is going well and is likely to pay dividends in the form of better health, is the provision of play therapy sessions for pre-school children who are emotionally or socially immature or disturbed. These require the services of a health visitor, nursery nurse or some other person with special training and will certainly expand as staff become available.

All the services I have indicated, together with a variety of types of group health education, are best done in buildings suited for the purpose. Furthermore they must be provided in such a way that they are conveniently accessible to the people who are going to use them, remembering that many of those people, including the very young, the old, and mothers with young children are not very mobile. Our pattern of provision so far has been to group the functions in health services clinics in the developing parts of the town, while keeping a central clinic building to provide for people living near the town centre and, particularly, to provide those services which are highly specialised and may need elaborate equipment.

The timing of clinic provision is not easy. There are obvious pressures against making provision before the need arises, but it is rather hard on people living in the growing estates on the outskirts of the town to make them either put up with makeshift services in unsuitable rented halls or travel into the town centre. I would certainly say that Greenstead is due for its own clinic provision now and I believe that developments in the Myland area may produce a comparable need within four or five years.

Clinic design produces its own problems. For many years architects have been trying to devise a small building with a suite of rooms which can be used for all purposes, but they have had no success. A doctor's examination room is much the same whether it is used for child welfare, school health or other examinations, but some rooms must be specially designed and fitted out. If, for example, a room is fitted out as a dental surgery, then when the dentist is not using it it cannot be successfully used for chiropody, family planning, or medical examinations. Even given the right special rooms, there are sometimes difficulties in using them simultaneously; it is, to say the least, embarrassing for expectant mothers or mothers attending a family planning clinic to have to share a waiting room with boisterous school children. The attempt to get over this difficulty by providing a

series of small, separate, "waiting areas" has been frustrated by the fact that a clinic building needs at least one large room for health education and similar purposes. One must, in fact, accept that in even the best designed clinic some rooms will be idle for some part of two or three days each week, not because of lack of demand for facilities but because of the considerations I have just mentioned.

Health Centres

The idea of the Health Centre goes considerably beyond that of the clinic. In the mind of its originators it was a place where there would be accommodation for local authority health services and suites for the use of general practitioners, so that all the G.P.'s, public health doctors, health visitors, home nurses and the therapists and social workers involved would use it as a working base in providing services for a population of perhaps 20,000 or 30,000 people. The possibilities of setting up something of this kind in the Colchester area were studied very seriously when the N.H.S. began, but it quickly became obvious that there would be serious difficulties.

In Colchester and its immediate surroundings there are about thirty G.P.s, each of whom has patients in all parts of the town and most of whom have some patients in the developing areas just outside the boundary. The setting up of one big health centre in the middle of the town would not solve the problems. It would have to accommodate most of the thirty doctors for a number of regular sessions each week and the public would have to do a great deal of travelling. The mixed study group of G.P.s, hospital doctors and public health doctors who were looking at the subject considered that three or four health centres scattered around the town would be practicable, but again the difficulty was that most of the thirty G.P.s would be likely to need accommodation in each of the centres to see patients in the neighbourhood. The conclusion reached in the end was that there might be a case for having a central building which would combine the functions of a health centre with those of a hospital out-patient department, but that most G.P.s would continue to practice from their own surgeries.

At that time there was a possibility that the development of the town would be along the lines of fairly self-contained residential areas with G.P.s forming themselves into groups practising largely within those areas. However, things have not worked out in that way. People moving out on to the housing estates still like to stay on the list of the doctor who looked after them before and a survey three years ago indicated that while many of the G.P.s had perhaps half their patients living within a mile and a half of their surgeries the other half might be anywhere in the town from Greenstead to Shrub End.

How the pattern will change in the next fifteen years it is impossible to guess and it would seem most prudent to plan as flexibly as we can. One possibility might be to build new clinics in places

where a group of G.P.s were planning to have a group surgery, with the two buildings as close together as possible. An alternative, which I personally would favour, would be to site and design new clinics in such a way that at some future date another wing could be added to turn the building into a health centre with G.P. suites. This idea is being borne in mind for the proposed Stanway clinic, which will serve the western outskirts of Colchester, and might be also considered for the Myland clinic. Another possibility is to incorporate in a clinic right from the start a couple of G.P. consulting rooms which could be used by doctors with a substantial number of patients, but no surgery, in the neighbourhood. The Ministry of Health is interested in the practicability of modifying the plans of the Greenstead clinic in this way and such a scheme could well be worth trying. In fact, since Greenstead is in some ways the most isolated of the developing parts of the town, a clinic modified in this way might easily turn into a small health centre in a few years' time if the pattern of general practice should make this desirable.

Summing up briefly, therefore, I would say that the following are probably the things which should influence our thoughts:

1. The changing pattern of the health services will reduce what little duplication of provision exists but new activities are replacing the old ones and local authority clinic buildings will still be needed.

2. Bearing in mind the proposal for a clinic at Stanway, it is unlikely that the Borough will need, within the next ten or fifteen years, any new clinics other than those envisaged at Greenstead and Myland.

3. The building of health centres as such will probably not be justified in the near future.

4. Nevertheless, new clinics could usefully be designed and sited in such a way that they might later be enlarged and modified into health centres.

5. It might be useful as an experiment in the meantime to incorporate in any new clinics consulting rooms which might be used by G.P.s.

Domestic Help Service

The need for this service continues to increase; though the number of new cases helped during the year was slightly less than in 1966 the total number being helped at the end of the year was higher. Recruitment improved somewhat and enabled us to provide for the basic needs of the new cases, but I continue to feel that more than a few of the beneficiaries would be better served if we could let them have rather more help than they are at present getting. The general economic situation, as I said last year, puts us in the difficult position of not being sure whether the service could be financed if more helps were available, though it is undoubtedly true that money spent by the ratepayers on this service relieves the burden on the taxpayers in that it reduces the demand for hospital care.

Day Nurseries and Play-Groups

The two local authority nurseries continue to be well patronised. A slight fall in the number on register and the number of attendances at Sheepen Road is almost exactly balanced by increases in both these numbers at Brook Street. It is clear that the Brook Street nursery cannot continue to operate satisfactorily without some improvement in facilities and work on the heating system and the kitchens and some extension of the nursery rooms, to meet the suggestions made by the Ministry of Health, will be completed during 1968.

Private nurseries and play-groups, most of which take children only for part of the day, continue to meet a very important need. Technically, these are registered as thirteen nurseries and eight child minders, the essential difference being that the latter term applies to small groups in private houses and the former to larger groups in rented or specially adapted premises. They are all subject to periodical inspection by our staff and we try to secure good standards in both premises and staffing. We have found the people in charge very co-operative and I have been specially pleased during the year to find a spontaneous movement among them to get training for the staff, which has been provided at the Technical College.

In the absence of adequate nursery school and nursery class provision within the educational system it is important that children between three and five years of age should have some facilities for mixing with other children under some kind of intelligent guidance. Indeed, some children who are retarded in emotional, social or speech development need this sort of provision to help them toward maturity and to prepare them for school life. We are trying to give direct and specialised help to some of these children through play therapy sessions in some of our clinics, but we could not hope to do this on a large scale and we find the play groups to be a useful supplement to child welfare provision.

BOROUGH OF COLCHESTER

DELEGATED HEALTH SERVICES — 1967

STATISTICS RELATING TO VARIOUS HEALTH SERVICES UNDER THE CONTROL OF THE HEALTH COMMITTEE

Births and Baby Deaths:

Number of live births notified.. .. .	1,412
Number of still births notified	27
Number of baby deaths notified (under 1 year) ..	33

Home Nursing and Midwifery:

Number of midwifery and maternity cases attended	454
Visits to these cases	9,258
Visits to other nursing cases	35,200

Child Welfare Clinics:

Number of sessions held	613
Number of attendances made by children	19,709

Diphtheria Immunisation only:

Number of children who completed course of immunisation	Nil
Number of children given a boosting dose	35

Diphtheria/Pertussis/Tetanus (Triple Immunisation):

Number of children who completed primary course	1,016
Number of children who received a reinforcing dose	991

Diphtheria/Tetanus Immunisation:

Number of children who completed primary course	72
Number of children who received a reinforcing dose	714

Tetanus Immunisation only:

Number of children who completed primary course	237
Number of children who received a reinforcing dose	7

Whooping Cough Immunisation only (Pertussis Vaccine):

Number of children who completed course of immunisation	Nil
Number of children who received a reinforcing injection	4

Vaccination against Smallpox:

Number of persons successfully vaccinated ..	836
Number of persons re-vaccinated	107

Quadruple:

Number of children who completed primary course	Nil
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Vaccination against Poliomyelitis:

Number of persons receiving primary course	..	1,126
Number of persons receiving reinforcing dose	..	1,484

Home Visits (Health Visitors)

Total visits	15,606
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Gas and Air Analgesia

Analgesics administered by County Council Midwives		147
Number of sets of apparatus in use	.. .. .	10

Antenatal and Postnatal Clinics:

Number of sessions	.. .. .	113
Cases first attending	.. .. .	315
Attendances by patients	.. .. .	1,072

**WELFARE OF THE PHYSICALLY HANDICAPPED
REGISTER**

Category of Case:	Cases	
	31-12-66	31-12-67
Amputees	14	19
Arthritis	84	93
Congenital malformations	3	4
Heart and circulatory system	40	36
Digestive and genito-urinary system	1	2
Respiratory system	3	5
Skin diseases	1	1
Injuries of body and head	2	2
Injuries of limbs and spine	21	19
Ankylosing spondylitis	2	1
Epileptics	5	5
Hemiplegia and Paraplegia	20	22
Cerebral Palsy	9	9
Disseminated Sclerosis	26	25
Muscular dystrophy	5	5
Parkinson's disease	10	10
Poliomyelitis	11	11
Nervous and mental disorders	4	4
Diseases and injuries not specified above	9	9
TOTAL	270	282

WELFARE OF THE BLIND—REGISTER

Category of Case:	Cases	
	31-12-66	31-12-67
Blind	169	157
Partially Sighted	57	70
Defective Vision	17	13
TOTALS	<u>243</u>	<u>240</u>

DOMESTIC HELP SERVICE

Cases being helped at 31st December, 1966	527
New Cases helped in 1967	287
Cases being helped at 31st December, 1967	553
Hours of help provided	86,611

NIGHT ATTENDANCE SERVICE

Cases being attended at 31st December, 1966	—
New Cases attended 1967	40
Cases being helped at 31st December, 1967	1
Hours of attendance provided	2,045½

Free Milk for T.B. Patients:

New Cases	4
Total cases receiving milk at end of year	127

Sheepen Road Day Nursery:

Number of children on books at end of year	51
Total attendances	10,719

Brook Street Day Nursery:

Number of children on books at end of year	59
Total attendances	10,297

Chiropody Service:

Treatments given at home	3,265
Treatments given at clinics	3,016

SCHOOL HEALTH SERVICE

Outbreaks of Infectious Diseases

The major event of the year was, of course, the regular two-yearly epidemic of measles, which affected 475 children of school age. This apart, the only outbreaks worthy of comment were of chicken-pox (183 reported cases, mainly in St. George's and St. James's schools) and mumps (43 cases, mostly at Kendall Road school).

Hygiene Conditions

Hygiene surveys, either complete or "follow-up", were carried out in eighteen schools of the borough during the year. Defects were noted in fourteen schools and reported to the Education Officer. Most of the defects were comparatively minor matters; the majority of these have been remedied and work on the remainder is in hand. Major work was needed at the following schools:

Gilberd—Sixth form dining accommodation. Sanitary facilities at playing fields.

Wilson Marriage Secondary—Improvements to changing room floors. Renewal of showers, fume canopy and improved sanitary facilities for female staff.

Kendall Road C. of E.—Improvements to children's lavatories.

The lavatory improvements at Kendall Road School have been carried out. The other major items have been included in the minor capital programme for action at an early date.

Cleanliness Inspections

The procedure—an annual general check on each child plus extra surveys in schools where this is requested because some children are known to have lice or nits—remains unchanged. Naturally the figures for various schools vary from year to year but the ratio of cases of infestation to the number of children inspected remains constant and satisfactorily low.

New or Original Work

Dr. R. E. Barrett carried out an evaluation of findings at selective medical inspection. This was published in *The Medical Officer* on 22nd December, 1967.

Special Schools and Clinics

The audiology clinic was transferred from Monkwick to the new Central Clinic in Colchester when the latter opened in February. Work has continued on the previous level but any expansion or extension to other places has been prevented by the impossibility of increasing the time given by the consultant audiologist. Ways are being explored of augmenting staff.

Already the work of the clinic is disclosing more young children who are in need of audiotory training and other special help and I believe that the numbers have already reached the point at which the special day unit envisaged in the development plan would be justified.

After a slow start because of staffing difficulties, the assessment unit at Kingswode Hoe School has begun to settle down and is proving its usefulness. The school proper is not quite adequate for the needs of the population served and the opening of another school should not be long delayed. There is scope for discussion as to whether we should think in terms of having separate junior and senior schools or should consider two all-age schools, the second of which would be outside Colchester. It is true that some children who might benefit by special education of this kind are prevented from attending by the distance to be travelled (this is specially so with some of the younger children) but it is not easy to find a place which would be readily accessible from Clacton and Harwich—the public transport services are designed rather to link others parts with Colchester than to provide cross-country communications.

Dental Service

Mr. E. T. Clark, Area Dental Officer, reports as follows:

“The year 1967 was one of many changes both in staff and in clinics. The dental clinic which has been held in Culver Street for many years was transferred to the new Central Clinic early in March. It was a tremendous change for patients and staff, especially the outlook from the surgeries on to the swings and slides in Castle Park, in contrast to the frosted glass in Culver Street; there are constant comments of appreciation.

Mr. B. Benjamin who had been contemplating retirement for some time fortunately postponed it and continued to work at Culver Street until it closed down.

Miss V. M. Wilby retired in July after twenty-seven years as surgery assistant and Mrs. J. Wildbore after fifteen years. All these members of staff are badly missed and patients still enquire about them. Mrs. Brown and Mrs. Bacon were appointed to the vacancies and are settling in well. Following the retirement of Mr. Benjamin, Mr. Watson had the difficult task of trying to maintain a dental service at Monkwick and Shrub End clinics over a period of nine months. As both these clinics had been practically in full-time use this was a very frustrating period and the part-time appointment of Miss S. York has greatly helped the situation.

The return of Army children from abroad in a poor state of dental health is a big problem and as this part of the school population is always on the move, children who have been made fit are

constantly replaced by children requiring extensive treatment. I feel that the Army should provide facilities for dental treatment in garrison towns as this section is treated at the expense of the rest of the town population”.

Medical Inspection and Treatment

The selective system was extended during the year to cover the great majority of schools in Colchester. Selection is at present restricted to the intermediate period, but in the case of secondary schools supervised by one medical officer, a modified method of selection for leavers is now in operation. This consists of a health interview, with the option of a physical examination (or such other investigation as may be required) according to the circumstances. Questionnaires are normally used for entrants and leavers as well as at ages seven plus and ten plus.

Administratively the system works well and it is time-saving for doctors, school nurses and school staff alike.

An investigation during the year revealed that of 1,036 children seen at school leavers' inspection, only sixty-eight were found with defects (other than visual and dental defects and minor ailments not requiring specialised treatment) not hitherto known to the school health service. Of these only twelve were thought to be of sufficient importance to be referred for treatment or investigation. With the possible exception of two maladjusted pupils, none of the defects was considered as of major handicapping significance. Furthermore, there was no significant difference in the proportion of recorded defects between pupils who had received a routine intermediate inspection and those who had been subject to selective examination, or who had received no specific health supervision at all during the intermediate period.

So far as the statistical tables are concerned, no significance can be attached to the differences between the figures for 1967 and those for 1966 under many headings. The change during the year from the routine to the selective system in those schools which had not previously been “converted” has, of course, altered the basis on which the figures have been obtained. I am satisfied that the disparities do not indicate any perceptible change in the incidence of defects.

As regards speech therapy, the figures relate, of course, to the number of children under treatment at the end of the year and not to the total number treated. The apparent fall in numbers has been due to two causes. Mrs. Quinn, the therapist, has during the latter part of

the year concentrated on some of the more difficult cases for intensive treatment, while keeping others under observation. Also, the speech therapy services of the North-East Essex Division were crippled by the retirement, almost simultaneously, of both the therapists in the Division; in the resulting emergency it was considered only common sense to allow Mrs. Quinn to spend a little of her time on diagnostic work on urgent cases from the Division until the new staff appointed to fill the vacancies were able to take up duty.

The reduction in the number of children seen at the Minor Ailments Clinic is largely due to a more selective policy having been adopted during the year. Especially now that the selective inspection system is in operation, so that the medical officers have closer contact with the schools, it appears that a number of the children who come to these clinics are already well-known to the staff, so that it is not really necessary for a medical officer to see them each time they attend. We can, I believe, rely on the experience and judgement of the nurses to make sure that the medical officers' attention is called to anything which is of significance.

SCHOOL DENTAL SERVICE, 1967

Sessions of Dental Officers					1966	1967
Inspections	..	..	..	..	150	161
Treatment	..	..	..	..	942	818
Administrative	..	..	..	..	116	99
Inspections						
Number of pupils inspected	..	..	..	..	8,849	9,402
Number of pupils re-inspected	..	..	..	..	138	14
Number found to require treatment	..	..	..	..	4,943	4,757
Treatment						
Number of individual pupils treated	..	..	..	..	3,051	2,652
Number of attendances	..	..	..	..	8,011	7,427
FILLINGS						
Permanent teeth	..	..	..	..	3,911	3,287
Temporary teeth	..	..	..	..	2,850	2,620
NUMBER OF TEETH FILLED						
Permanent teeth	..	..	..	..	3,181	2,749
Temporary teeth	..	..	..	..	2,550	2,312
EXTRACTIONS						
Permanent teeth	..	..	..	..	385	381
Temporary teeth	..	..	..	..	1,278	1,275
ANAESTHETICS ADMINISTERED					428	463
ORTHODONTICS						
Cases commenced during 1967	..	..	..	..	39	49
Cases completed during 1967	..	..	..	..	26	26
Removable appliances fitted	..	..	..	..	65	78
Fixed appliances fitted	..	..	..	..	1	—
Number of dentures	..	..	..	..	8	3
Total attendances	..	..	..	..	788	1,136

BOROUGH OF COLCHESTER

DELEGATED SCHOOL HEALTH SERVICES, 1967

Number of Maintained Schools

(a) Primary	..	..	..	..	..	..	30
(b) Secondary	..	..	..	..	..	..	11
(c) Special	..	..	..	..	..	..	1

Number of Pupils on Register

(a) Primary	7,270
(b) Secondary	6,011
(c) Special	125

Periodic Medical Inspections	2,811
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General Condition of Pupils

(a) Satisfactory	2,763
(b) Unsatisfactory	48

Special Examinations	876
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Re-examinations	1,010
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							Age	Age
Selective Examinations							8	11
Questionnaires sent	308	399
Questionnaires returned	297	386
No action	..	..	..	..	..	..	255	348
Seen by Medical Officer	..	..	..	..	..	..	42	38

Number of Individual Pupils found by Periodic Examination to require treatment (or receiving treatment at time of examination)

(a) For defective vision (excluding squint)	..	..	..	..	..	..	211
(b) For skin diseases	..	..	..	..	..	..	70
(c) Other conditions	..	..	..	..	..	..	312

Defects found by Periodic Medical Examination

Squint	..	..	..	..	..	..	17
Other Eye Defects	..	..	..	..	..	..	3
Hearing	..	..	..	..	..	..	24
Other Ear Defects	..	..	..	..	..	..	9
Otitis Media	..	..	..	..	..	..	6
Nose and Throat	..	..	..	..	..	..	52
Speech	..	..	..	..	..	..	15

Lymphatic Glands	..	..	..	..	..	4
Heart and Circulation	..	..	..	..	..	6
Lungs	..	..	..	..	..	19
Hernia	..	..	..	..	..	3
Other Development Defects	..	..	..	..	..	18
Posture	..	..	..	..	..	9
Feet	..	..	..	..	..	20
Other Orthopaedic Defects	..	..	..	..	..	15
Epilepsy	..	..	..	..	..	3
Other Nervous System	..	..	..	..	..	2
Psychological Development	..	..	..	..	..	24
Psychological Stability	..	..	..	..	..	21
Other Defects	..	..	..	..	..	42

TREATMENT OF PUPILS

Minor Ailment Clinics

(a) Number of new cases treated	..	..	..	306
(b) Total attendances:				
(i) Seen by Medical Officers	..	..	..	1,559
(ii) Otherwise	..	..	..	2,111

Miscellaneous Examinations

Employment of School Children:

(i) Number of children examined for employment in entertainment	..	..	..	2
(ii) Number of children for other employment (paper rounds, etc.)	..	..	..	253

Cleanliness Surveys

(a) Total number of examinations	..	..	..	12,322
(b) Number of cases of infestation	51

Home visits by School Nurses

Number of visits	942
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PREVENTIVE MEDICINE

B.C.G. Vaccinations (Tuberculosis)

(a) Number of children offered vaccination	..	1,322
(b) Number of children accepting vaccination	..	1,055
(c) Number of children with Positive reaction	..	16
(d) Number of children with Negative reaction	..	1,039
(e) Number of children receiving B.C.G.	..	988

SPEECH THERAPY

Pupils under treatment at end of year

	Infant Schools	Junior Schools	Secondary Schools	Special Schools	Under 5 years	Total
1967 ..	13	11	5	22	4	55

CHILDREN ON THE HANDICAPPED PUPILS REGISTER

Blind	2	Delicate	27
Partially Sighted ..	1	Maladjusted ..	16
Deaf	3	Educationally	
Partially Hearing ..	5	Sub-normal ..	73
Physically Handicapped	9	Epileptic	—

AUDIOLOGY

Number of clinics held during year	24
Total number of attendances during year	144

New Referrals:

	Under 5	5-6 years	7-11 years	12 and over	Total
Colchester ..	1	2	14	1	18
North-East ..	8	9	22	5	44
Total	9	11	36	6	62

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